



# The Sun Home Health

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## EMPLOYEE EVALUATION SHEET PROBATION PERIOD / ANNUAL

Name of Employee \_\_\_\_\_

Date of Employment \_\_\_\_\_ Position/Title  HHA  CNA

Immediate Supervisor \_\_\_\_\_

| ITEM Discussed  | Exceptional | Satisfactory | Non-Satisfactory Improvement Needed |
|---|-------------|--------------|-------------------------------------|
| Personal appearance / Code of conduct / Behavior  |             |              |                                     |
| Punctuality / Visits Frequency compliance   |             |              |                                     |
| Attitude to work / Attitude to other workers and staff  |             |              |                                     |
| Acknowledgment / Contract-Agreement reviewed  |             |              |                                     |
| Attitude-Communication with patients/family   |             |              |                                     |
| Responsibility, Job Description Discussion in details, follow physician plan of care, Updates as needed.  |             |              |                                     |
| Confidentiality / Privacy / HIPAA guidelines  |             |              |                                     |
| Initiative/Duties/Abilities/QA-QI-PI/Agency Evaluation program participation/learning experience  |             |              |                                     |
| Morals/Ethics/Courtesy/Conflict of interest   |             |              |                                     |
| Ability to record relevant notes, delivery on time, documentation guidelines compliance   |             |              |                                     |
| Ability to communicate in legible, professional manner, participation in Case Conference, follow standards precautions, Infection control compliance.             |             |              |                                     |
| Knowledge of professional procedures, equipments-med. device, Participation in continue education, In-services program, Reporting guidelines (Agency, Physician). |             |              |                                     |
| Ability to relate to patient, doctor, community, patients' family and other professionals   |             |              |                                     |
| Overall impression regarding quality of care  |             |              |                                     |
| Take every other weekend calls  |             |              |                                     |
| Accepted new patient : in last three month/ six month / nine months / 1 year  |             |              |                                     |
| Substituted for call offs : three month/ six month / nine months / 1 year   |             |              |                                     |

Goals Settings \_\_\_\_\_

Achievement Date \_\_\_\_\_ Comments \_\_\_\_\_

Employee/Contractor Signature

Signature of Administrator/DON/Evaluator